

**IN THE UNITED STATES DISTRICT COURT FOR THE  
MIDDLE DISTRICT OF ALABAMA  
NORTHERN DIVISION**

LARRY CALDWELL,	)	
	)	
Plaintiff,	)	
	)	
v.	)	CIVIL ACTION NO. 2:06-CV-0207-WKW
	)	
ANTHONY CLARK, <i>et al.</i> ,	)	
	)	
Defendants.	)	

**AFFIDAVIT OF ANNETTE CAIN, L.P.N.**

Before me, the undersigned notary public, in and for said County and State, personally appeared **Annette Cain, L.P.N.**, who, after first being duly sworn by me, deposes and states as follows:

1. My name is Annette Cain, L.P.N.. I am over the age of 19 years and have personal knowledge of the facts contained herein.
2. I am a licensed practical nurse. I obtained my L.P.N. degree in 1982 from McArthur State College in Opp, Alabama, and became licensed by the State of Alabama as an L.P.N. in 1982. From 1982 to 1985, I worked as an L.P.N. on the emergency room and surgery departments of Columbia General Hospital in Andalusia, Alabama. From 1985 to 1986, I worked as an L.P.N. for Dr. Joseph Herrod in Enterprise, Alabama, where my nursing care focused on behavioral malfunction. From 1986 to 1988, I was an L.P.N. at Opp nursing facility. From 1988 to 1990, I was an L.P.N. for Dr. Steven Price in Opp, Alabama, who had a private surgery practice. From 1990 to 1992, I was an L.P.N. at Oxford Home Health Care in Oxford, Alabama. From 1992 to 2005, I was an L.P.N. at Andalusia Manor Nursing Home.

3. From September 2005 to the present, I have been employed as an L.P.N. for Southern Health Partners, Inc. ("SHP") at the Covington County Jail in Andalusia, Alabama. In late November 2005, I became medical team administrator.

4. SHP provides medical care to inmates in various jail facilities including the Covington County Jail. During the entire time of the plaintiff's incarceration in the Covington County Jail, health care services have been provided to the inmates by SHP pursuant to a contract between SHP and the Covington County Commission. Health care in the jail is provided under the direction of a medical team administrator as well as a medical director. During the period complained of by the plaintiff in this action, the medical director in the jail was Dr. Millard McWhorter and I was the medical team administrator.

5. When an inmate in the jail requires routine medical care, he or she obtains an inmate sick call slip from the corrections officer on duty in the housing unit and that form is provided to the medical staff for action. Routine sick calls are conducted by the medical staff inside the housing unit.

6. As I understand the plaintiff's complaint in this case, the plaintiff alleges that Dr. McWhorter and I denied the plaintiff medical attention by not treating the plaintiff's right eye complaints.

7. I have reviewed SHP's medical chart concerning the plaintiff, a true and correct copy of which is attached hereto as Exhibit A.

8. The plaintiff, Larry Caldwell, is a white male, weighing 162 pounds, height 6'2" and date of birth October 22, 1960. He was booked November 27, 2005.

9. A medical screening was performed by Officer Jackson on November 28, 2005 in which no problems were identified.

10. On December 5, 2005, the plaintiff completed his request for medical services complaining of eye problems and a cold. He was examined by Dianne Williams, LPN, who noted he had pre-existing eye problems and did not wish to be seen by an eye doctor. On that day he was started on CTM 4 mg for a cold for seven days per Dr. McWhorter's standing order.

11. A complete admission history and physical was completed on December 18, 2005 by Joan Harrell, RN. She noted the plaintiff's family physician was Dr. Lance Dyess, Elba, Alabama. The plaintiff complained of problems with vision, headaches, hypertension, muscle problems and joint problems. His vital signs were pulse 72, blood pressure 120/80, temperature 97.4 and respirations 18. He indicated that he did not wear glasses but had poor vision in his right eye, perhaps related to a cataract. He complained of stiff knee joints and said he had a history of hypertension, but was not on medication at this time. He also complained of a headache which he associated with the problems in the right eye.

12. On December 20, 2005, the plaintiff completed a medical request form and complained of headaches and knee pain. At that time he was seen by me. He advised me he had headaches in the right temporal area for three days that "come and go." The plaintiff associated the headaches with the eye problems. I noted a growth over the right cornea with the appearance of pterygium. A pterygium is a nonmalignant growth of the conjunctiva (overlying skin around the eye). The cause is unknown, but it is more frequent in people with excess outdoor exposure to sunlight and wind, such as those who work outdoors. The primary symptom of a pterygium is a painless area of elevated white tissue, with blood vessels on the inner or outer edge of the cornea. The plaintiff reported that it had been present for over a year. I also noted the plaintiff had swelling of the left knee. He stated that it had locked up on him the day before. He indicated that surgery had

been recommended a year ago by Dr. Dyess. The plaintiff was started on Tylenol for 30 days per Dr. McWhorter's standing orders for the knee pain and for the headaches.

13. The plaintiff completed a medical request form on December 23, 2005 and complained of an "eye problem." I examined him on December 26, 2005. His vital signs were checked and stable. He continued to complain of decreased vision in the right eye. I scheduled him to be seen by Dr. McWhorter and advised the plaintiff of this plan.

14. Dr. McWhorter examined the plaintiff on December 28, 2005. Dr. McWhorter noted the plaintiff's complaints of right eye problems and defects in his vision. Dr. McWhorter examined him and found no gross abnormality. He assessed him as having "alleged eye pain" but prescribed no further medication.

15. On January 6, 2006, the plaintiff completed a medical request form and complained of problems with headaches and knee problems. I saw him on January 12, 2006, and noted his complaints of right temporal headaches unrelieved by Tylenol. Per Dr. McWhorter's standing orders, the plaintiff was changed from Tylenol to Percogesic for 10 days.

16. On January 20, 2006, the plaintiff completed a medical request form for follow up on headaches and blood pressure check. Nurse Williams examined him on January 23, 2006. His vital signs were temperature 96.8, respirations 18, pulse 70 and blood pressure 118/80. His prescription for Percogesic was extended for 30 days per Dr. McWhorter's standing order.

17. On January 31, 2006, the plaintiff's blood pressure was checked and was 140/90. On February 1, 2006, the plaintiff was started on Maxzide for his blood pressure per standing order of Dr. McWhorter. A blood pressure record was started on January 31, 2006 per Dr. McWhorter's order to check the plaintiff's blood pressure daily for nine days and weekly and as needed thereafter.

His blood pressure was checked on February 1, 3, 4, 5, 6, 11, 18, 27, March 4, 11, 26, April 1, 8, 16, 22, 29 and May 6, 2006.

18. On February 11, 2006, the plaintiff was given a decongestant for seven days per standing order of Dr. McWhorter.

19. On February 24, 2006, the plaintiff completed a medical request form for renewal of his medications. Nurse Williams examined him on February 24, 2006 and noted he was there to renew his prescription for medication for chronic headaches. His vital signs were temperature 96.7, respirations 20, pulse 78 and blood pressure 130/88. His prescription for Percogesic was extended on that date.

20. On March 9, 2006, when I conducted the morning pill call, the plaintiff did not get up to receive his medication. Later during delivery of medication to other inmates the plaintiff beat on the glass window to get my attention. I advised him I would get back to him when I finished with where I was in the medication delivery routine. After I finished where I was in the routine, I went back to give the plaintiff his medications. At that time the plaintiff threw his hands up and said "just forget it" and walked away and refused his medication. Officer Coleman witnessed this episode and wrote a note which is contained in the plaintiff's chart.

21. On March 15, 2006, the plaintiff was granted a nine day medical pass by a Covington County Circuit Judge to seek treatment for his eye condition.

22. On April 3, 2006, the plaintiff related to me and Chief Deputy Walt Inabinett that he had seen Dr. Strong in Elba concerning his eye condition, and was informed by Dr. Strong that he could wait until he was discharged from jail to have surgery on his eye. The plaintiff refused to sign a medical release so that a copy of his medical records could be obtained from Dr. Strong.

23. On April 18, 2006, the plaintiff completed a medical request form, complaining of headaches and a rash. Nurse Williams examined him on April 19, 2006, and he was continued on his medications.

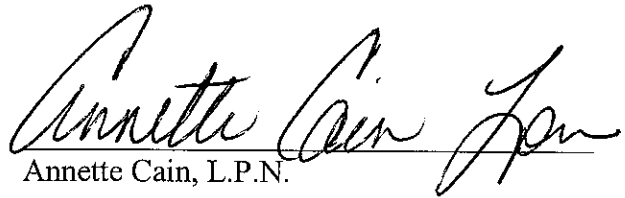
24. On April 24, 2006, the plaintiff was sent to Dr. Strong for a scheduled eye examination. On the transfer form Dr. Strong noted his findings of benign pterygium, amblyopia (dimness of vision) and hyperopia (farsightedness) of the right eye and presbyopia (eye weakness associated with aging) of the left eye. He prescribed bifocal glasses which were ordered and provided to the plaintiff.

25. On May 2, 2006, the plaintiff completed a medical request form for pain in his left shoulder for two or three days duration. He was seen by Nurse Williams on May 3, 2006. His vital signs were temperature 97.5, respirations 24, pulse 84 and blood pressure 140/82. He was given a prescription of Robaxin for seven days per Dr. McWhorter's standing order.

26. All of the information contained herein is based upon my personal knowledge and the plaintiff's medical chart.

27. All necessary care provided to the plaintiff was appropriate, timely and within the standard of care.

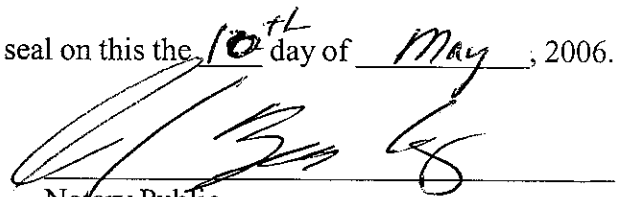
28. On no occasion was the plaintiff ever at risk of serious harm, nor was I ever indifferent to any complaint that he made.

  
Annette Cain, L.P.N.

STATE OF ALABAMA                     )  
   )  
COUNTY OF Covington                     )

I, the undersigned Notary Public in and for said county in said state, hereby certify that Annette Cain, whose name is signed to the foregoing and who is known to me, acknowledged before me that, being fully informed of the contents of said instrument, she executed the same voluntarily on the day the same bears date.

GIVEN UNDER MY HAND and official seal on this the 10<sup>th</sup> day of May, 2006.

  
Notary Public  
My Commission Expires: Feb 2, 2008

# **Exhibit A**

## **Medical Records**





## Blood Pressure Record Form

Inmate's Name: Carly Caldwell

D.O.B. 10/22/60

Orders/Instructions: *PRN 4 days then Wkly*  
Physician: *MD White*

Physician, J. W. Whorter

Administrator

DATE	B.P.	ARM	INITIAL
1/31/86	140/90	(R)	DN
2/2/86	150/100	(R)	DN
2/3/86	140/86	(R)	DN
2/4/86	128/86	(R)	DN
2/5/86	110/80	(R)	DN
2/6/86	120/82	(R)	DN
2/11/86	130/82	(R)	DN
2/18/86	128/82	(R)	DN
2/27/86	116/76	(R)	DN
3/4/86	138/88	(R)	DN
3/11/86	122/80	(R)	DN
3/14/86	138/82	(R)	DN
4/1/86	114/78	(R)	DN
4/8/86	120/82	(R)	DN
4/16/86	142/82	(R)	DN
4/22/86	132/90	(R)	DN
4/29/86	124/80	(R)	DN
5/6/86	150/90	(R)	DN

[illegible]



# TB SKIN TEST VERIFICATION FORM

Prior to administering the TB skin test, please complete the information below. After administering the TB skin test, place this form in a central location for the test to be read within 72 hours. Once all information has been completed, file this completed form in the patient's medical record.

Inmate Name: Larry Caldwell

SS# 421-02-1411

DOB 10/22/60

Cell # A

Male or Female

Date of TB Skin test: 12/18/05 LFT

Done by Nurse Joan Harrell RN

Previous Positive: YES or NO

Previous Therapy YES or NO

**TEST TO BE READ WITHIN 72 HOURS - COMPLETE BELOW INFORMATION:**

Date TB Skin test was read: 12/20/05

Done by Nurse A. Cain Jon

Number mm. 0

Referral for Chest X-ray. YES or NO

If yes Date of CXR

Comments \_\_\_\_\_

LFT

## Physician's Orders

Southern Health Partners, Inc.

Inmate Name: <u>Caldwell, Larry</u>	Facility
SS#: <u>421-02-1411</u>	Covington
DOB: <u>10/22/60</u>	County
Allergies: <u>ALPHA</u>	Jail

Date: <u>5/3/06</u>	Date:
<u>Robaxin 750mg Bid</u>	
<u>x 7 days.</u>	
<u>S.O. Dr. McWhorter/William</u>	
M.D. Sig: <u>[Signature]</u>	M.D. Sig:
Date:	Date:
M.D. Sig:	M.D. Sig:
Date:	Date:
M.D. Sig:	M.D. Sig:
Date:	Date:
M.D. Sig:	M.D. Sig:

## Physician's Orders

Southern Health Partner's, Inc

Inmate Name: <u>Larry Caldwell</u>	Facility
SS#: <u>421-02-1511</u>	Covington
DOB: <u>10/22/60</u>	County
Allergies: _____	Jail

Date: <u>12/5/05</u>	Date: <u>2/1/06</u>
CTM 4mg po Bid x 7 days	Mavzide 75/50mg 1/2 tab
S.O. Dr. McWhorter / D. Williams	qd.
M.D. Sig: <u>[Signature]</u>	S.O. Dr. McWhorter / D. Williams
Date: <u>12-20-05</u>	Date: <u>2/1/06</u>
① Inferol q. I. BID x 30 days	Decan = po Bid x 7 days
per tx. protocol Dr. McWhorter	
<u>[Signature]</u> C. Ginn	S.O. Dr. McWhorter / D. Williams
M.D. Sig: <u>[Signature]</u>	M.D. Sig: <u>[Signature]</u>
Date: <u>1-12-06</u>	Date: <u>2/24/06</u>
② Percogesic i. po Bid x 30 days	Percogesic i. po Bid x 30 days
per tx. protocol Dr. McWhorter	Chronic HA
<u>[Signature]</u> Dr. McWhorter	S.O. Dr. McWhorter / D. Williams
M.D. Sig: <u>[Signature]</u>	M.D. Sig: <u>[Signature]</u>
Date: <u>1/23/06</u>	Date: <u>4/19/06</u>
Percogesic i. po Bid x 30 days	Percogesic i. po Bid x 30 days
S.O. Dr. McWhorter / D. Williams	S.O. Dr. McWhorter / D. Williams
M.D. Sig: <u>[Signature]</u>	M.D. Sig: <u>[Signature]</u>

Noted  
12/20/05

## PROGRESS NOTES

NKA

Aldwell LARLEY  
 Attending Physician: McWhorter  
 Room: A  
 Date: 4/20/06

Date

Notes Should Be Signed by Physician

3/15/06 I/M to court. Judge granted a  
 Nine day medical pass for I/M to  
 seek medical/vision care. *for eye*

On or about 4/3/06, I/M to medical dept. to speak  
 to myself & Walt Cennett - investigator.  
 I/M instructed on previous occasions that he  
 needed to sign up for sick call if  
 he needed medical care that I could  
 not anticipate his needs. I/M  
 refuses but continues to ask to be  
 seen. we discussed his immediate  
 needs from medical dept & he  
 did not voice any requests. Replied  
 he had seen Mr. Strong in Elva for  
 eye exam & was told it was a growth  
 but he needed to wait until he  
 was out of jail to have surgery.  
 did not wish to sign medical  
 release for us to obtain copy of  
 records. *A. Cennett*

4/24/06 Returned to Mr. Strong for eye  
 exam per A. Selman - eye exam &  
 Rx for eye glasses. *A. Cennett*  
 Glasses issued to I/M. - *A. Cennett*

# Statement Form

On 3-9-06 I was conducting pill call with the Nurse. Before leaving A-block the nurse called for LARRY "CLOROX" Caldwell to come get his medicine at which time he refused to get off of the table and come get his medicine.

3-9-06

% Ricky Coleman  
Ricky Coleman





## PROGRESS NOTES

Caldwell, Leroy  
 Date 12/28/05  
 Attending Physician J. Newharter  
 Room A  
 NKA  
 421-02-1411

Notes Should Be Signed by Physician

12/28/05 B/P 132/85 P68 R 18 T 98.2

12/28/05 S - C/O (Eye Pain) + decrease vision

O - no gross abnormality

A - alleged Eye Pain

R - no further X MFR

3/9/06 On AM pill call, I/M did not get 1 for pill call. Went to neighboring cell block R + during pill pass @ other block I/M beat on glass to get my attention. Told him I would come back when I finished where I was at. When I went back to give Mr. Caldwell his meds - he threw his hand up @ me @ said "just forget it." He walked away + refused medication.  
 C.O. Coleman /c nurse. — A. Cain /c





REC'D 5/16/06 @ 6:00

## INMATE SICK CALL SLIP - MEDICAL REQUEST

**TO BE COMPLETED BY INMATE:** Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 05-02-06 Pod/Location: A-BLK Cell: \_\_\_\_\_ ID#: \_\_\_\_\_

Inmate's Full Name: CALDWELL, LARRY

Complaint/Problem: PAIN IN MY LEFT SHOULDER

How long have you had this problem? 2 OR 3 DAYS

Inmate's Signature [Signature] Date: 5-2-06

### TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 97.5 Resp 24 Pulse 84 B/P 149/82

Instructions/Assessment: Document your findings. Inmate's responses/actions \_\_\_\_\_

C/O (L) Shoulder flex. "Feels like a pulled muscle."

☒ Received Orders - thru Treatment Protocols: via telephone order: via verbal order

☐ Follow-Up Required? If checked, date to be seen again \_\_\_\_\_

☐ Chronic Condition

☒ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 5/3/06 Seen by: [Signature]

Place original form in patient's medical record



# INMATE SICK CALL SLIP – MEDICAL REQUEST

received 4/18/06  
@ 1200 AC

**TO BE COMPLETED BY INMATE:** Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 04-18-06 Pod/Location: A B1K Cell: \_\_\_\_\_ ID# 421-02-1417

Inmate's Full Name: CALDWELL, LARRY

Complaint/Problem: Im HAVING REAL BAD HEADACHES AND I  
NEED SOMETHING FOR A RASH.

How long have you had this problem? 3 OR 4 DAYS

Inmate's Signature Jerry Caldwell Date: 04-18-06

## TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 97.6 Resp 18 Pulse 82 B/P 130/80

Instructions/Assessment: Document your findings, Inmate's responses/actions

C/O HAS BP 130/80 See notes.

☒ Received Orders – thru Treatment Protocols, via telephone order; via verbal order

☐ Follow-Up Required? If checked, date to be seen again \_\_\_\_\_

☐ Chronic Condition

☒ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 4/19/06 Seen by D. Williams, MD

Place original form in patient's medical record.

RED  
2/24/06



# INMATE SICK CALL SLIP – MEDICAL REQUEST

**TO BE COMPLETED BY INMATE:** Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date 2/24/06 Pod/Location: A Cell A ID# 421-02-1411

Inmate's Full Name: Larry Caldwell

Complaint/Problem: Review med.

How long have you had this problem? long time

Inmate's Signature [Signature] Date \_\_\_\_\_

## TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs Temp 96.7 Resp 20 Pulse 78 B/P 130/88

Instructions/Assessment. Document your findings, Inmate's responses/actions

Meds reviewed for Chronic H/A

☒ Received Orders – thru Treatment Protocols; via telephone order; via verbal order

☐ Follow-Up Required? If checked, date to be seen again \_\_\_\_\_

☐ Chronic Condition

☒ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical 2/24/06 Seen by: [Signature]

Place original form in patient's medical record



# INMATE SICK CALL SLIP - MEDICAL REQUEST

Proc'd 1/20/06

**TO BE COMPLETED BY INMATE:** Please complete the top half of the Sick Call Slip and return it to the correctional medical staff for submission and review by the medical staff. The medical staff will arrange for you to see a medical staff member. You will be charged in accordance with the medical pay system at the facility.

20 JAN 2006  
 Name: Caldwell, Larry Pod/Location: \_\_\_\_\_ Cell: A-BLK ID#: 42102-1414

Chief Complaint: FOLLOW UP ON HEADACHES/BLOOD PRESSURE CK.

Medical History: \_\_\_\_\_

Current Medications: \_\_\_\_\_

Current Problems: \_\_\_\_\_

Current Problems: \_\_\_\_\_

Current Problems: \_\_\_\_\_

Current Problems: \_\_\_\_\_

Current Problems: \_\_\_\_\_

Current Problems: \_\_\_\_\_

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Current Problems: \_\_\_\_\_

Current Problems: \_\_\_\_\_

Current Problems: \_\_\_\_\_

Current Problems: \_\_\_\_\_

## TO BE COMPLETED BY MEDICAL STAFF:

Temp: 96.8 Resp: 18 Pulse: 70 B/P: 118/80

Summarize your findings, inmate's responses/actions: \_\_\_\_\_

See Orders

✓

—

Signature of medical staff member (must be verified by medical staff member)

Signature of medical staff member (must be verified by medical staff member)

1/23/06 Dr. Williams, MD

Receive 1/6/06

DEPARTMENT OF  
CORRECTIONS

## INMATE SICK CALL SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the Correctional Institution staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by a medical staff member. You will be charged in accordance with the medical co-pay system at

CARRY  
LARRY

Pod/Location

Cell A-B1K

ID# 421-22-1411

I'm still HAVING BAD HEADACHES AND KNEE  
Problems

How long have you had this problem? 3 WEEKS

Date 01-06-06

## TO BE COMPLETED BY MEDICAL STAFF:

Inmate's Vital Signs

Temp

98.2

Resp

18

Pulse

70

B/P

128/88

Document your findings. Inmate's responses/actions

H/A's - unrelieved by current tylenol tx.  
Will A to percogesic.

X

Pro Treatment Protocols, via telephone order; via verbal order  
If checked, date to be seen again

X

Charged through medical co-pay for this visit

Date to be seen

1/12/06

Seen by:

A. Cain

Medical record

# SLIP - MEDICAL REQUEST

TO BE COMPLETED BY INMATE: Please complete the top half of the Sick Call Slip and return it to the medical staff for submission and review by the medical staff. The medical staff will arrange for the appropriate medical staff member. You will be charged in accordance with the medical center's policy.

Date: 12-23-05 Facility: B-BLK Cell:        ID#       

Inmate Full Name: CALDWELL, LARRY

Complaint/Problem: EXE PROBLEM

How long have you had this problem?       

Inmate Signature:       

Date:       

## TO BE COMPLETED BY MEDICAL STAFF:

Vital Signs: Temp 97.7 Resp 18 Pulse 66 B/P 129/74

Physical Assessment: Document your findings, Inmate's responses/actions Continues

to C/O ↓ vision in (R) eye. Will  
refer to Mr.

- ☐ Follow-up Orders - thru Treatment Protocol/s via telephone order, via verbal order
- ☐ Referral Required? If checked, date to be seen again
- ☐ Referral Location
- ☐ Inmate to be charged through medical co-pay for this visit

Seen by: 12/26/05



# MATE SICK CALL SLIP -- MEDICAL REQUEST

**TO BE COMPLETED BY INMATE:** Please complete the top half of the Sick Call Slip and return it to the correctional officer and/or medical staff for submission and review by the medical staff. The medical staff will arrange for you to be seen by the appropriate medical staff member. You will be charged in accordance with the medical co-pay system at this facility.

Today's Date: 12-20-05 Pod/Location: A-BLK Cell: \_\_\_\_\_ ID# 421-02-1411

Inmate's Full Name: CADWELL, CARRY

Complaint/Problem: HEAD ACES & KNEE PROBLEMS

How long have you had this problem? \_\_\_\_\_

Inmate's Signature: Garry Cadwell

Date: 12-20-05

## TO BE COMPLETED BY MEDICAL STAFF:

Note Patient's Vital Signs: Temp 98.2 Resp 16 Pulse 76 B/P 132/82

Instructions/Assessment: Document your findings, Inmate's responses/actions Go H/A in

(R) Temporal area X 3 days that come & go states  
he thinks it's due to eye problems. Has a

growth over (R) cornea has appearance pterygium.

Has been present over 1 year. Has had swelling of (R) eye.  
States "it looked up on me yesterday."  
Also has had over 1 yr. ago by Dr. [unclear] will Rx. for. also has  
what appears to be lipoma

☒ Received Orders - thru Treatment Protocols; via telephone order; via verbal order  
☐ Follow-Up Required? If checked, date to be seen again \_\_\_\_\_  
☐ Chronic Condition

☒ Inmate to be charged through medical co-pay for this visit

Date Seen by Medical: 12/20/05 Seen by: A. Cain Yon

Place original form in patient's medical record.

TO BE COMPLETED BY NURSE:      A NURSE RECEIVED FROM THE NURSE UNIT  
 MUST BE COMPLETED BY NURSE UNIT AND EVEN ON THE NIGHT UNIT. THE NURSE  
 MUST BE COMPLETED BY NURSE UNIT AND EVEN ON THE NIGHT UNIT. THE NURSE  
 MUST BE COMPLETED BY NURSE UNIT AND EVEN ON THE NIGHT UNIT. THE NURSE

Date 12-05-05      Patient A-Block      ID# \_\_\_\_\_

Attending Full Name LARRY CALDWELL

Current Problem: IM HAVING EYE PROBLEMS AND I HAVE A COLD

How long have you had this problem? \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

TO BE COMPLETED BY MEDICAL STAFF:

Temp 97.4      Pulse 20      HR 78      Date 1/10/06

Physician Assessment: Document your findings, findings, and

Pre-existing eye problem. Did not wish to see  
eye Dr. See orders for Rx. d/t c/o cold  
symptoms.

☒      I have ordered the Treatment Protocol. I have ordered

☒      I have ordered the Treatment Protocol. I have ordered

☒      I have ordered the Treatment Protocol. I have ordered

☒      I have ordered the Treatment Protocol. I have ordered

Date 12/5/05      Signature Deanne Williams, MD



Southern  
Health  
Partners

Corporate Office: 3712 Ringgold Rd., #364, Chattanooga, TN. 37412

Phone: (423) 553-5635 Fax: (423) 553-5645

### PATIENT REFERRAL INFORMATION FORM

This patient is currently incarcerated at the jail facility listed below. Patient has been referred to your ER/Facility regarding his/her symptoms or conditions listed below. All subsequent tests, procedures, and outpatient services other than requested service must be communicated and approved by the medical contact person at the jail facility to ensure justification. Failure to notify the medical contact person may result in reduced benefits and/or possible denial of payment. If hospital admission is necessary, please communicate any and all medical information as well as an estimated length of stay to our Utilization Review Department at our corporate office at the # listed above. Certification, justification, and/or treatment plan of continued services must be obtained to guarantee payment of the claim. Please, note we have a NO NARCOTIC policy at the jail due to the uncontrolled access to medications within the facility. Please, refer to our site medical staff for formulary adherence. Thank you for your cooperation in this matter.

**TO BE COMPLETED BY THE MEDICAL STAFF AT THE JAIL/PRISON:**

Appt. Date/Time: 4/24/06 10<sup>00</sup> Patient's Name (Last/First): Caldwell, Larry

DOB: 10-22-60 SS#: 421-02-1411 Sex: M F Inmate Loc: \_\_\_\_\_

Housing Facility/Site: Coving. County Jail/#7085 Appt. Destination: DR. STRONG

Appt. Address & Phone #: Elba, AL 36927-2142

Site Medical Contact (RN/LPN): Annette Cain MTA Site Physician: McWhorter

Site Medical Unit Phone #: (334) 428-2664

Site Medical Unit Fax #: (334) 428-2055

Reason For Referral: (Include Hx of illness/injury, present and past treatment with patient results, lab and/or x-ray results, findings from physical exam, patient limitations, allergies, medications, etc.)

eye exam

Service Requested: EVAL/TX

**TO BE COMPLETED BY THE REFERRAL STAFF AND RETURNED WITH INMATE BACK TO THE FACILITY:**

Findings: Benign Pterygium UD, amblyopia & hyperopia UD, OS presbyopia

Planned Treatment: bifocal glasses

ER/Hospital Physician Orders: wear glasses to help with HAT complaints & to decrease presbyopia

ER/Hospital Contact (Include Phone #): Dr. Ken Strong Notes: 334 297 5700

**Please, return this form with the correctional staff upon discharge of the patient or fax directly to the site fax # noted above. If inpatient hospitalization is required, medical staff MUST be notified immediately.**

Authorization for payment of services is only guaranteed during the time of actual confinement of the inmate under the custody of the above listed jail/prison and under the terms of our County contract.

Southern Health Partners, Inc

## ADMISSION DATA / HISTORY AND PHYSICAL FORM

Exam Date 12/18/05 SS.# 421-02-1411 ID# \_\_\_\_\_  
 Inmate Name Caldwell Larry Date Booked 11/27/05  
 Alias Choray County Cornington  
 Address C-14 Hardage Circle Opp al 36467  
 Telephone 806-4080 Birthdate 10/22/60 Religion Baptist  
 Education Completed 12th Special Education \_\_\_\_\_  
 Marital Status S M W D Separated Read/Write English YES NO Other \_\_\_\_\_  
 Previous Incarcerations (Facility/Date) Cornington County 2004, Coffee County 2004

## MEDICAL HISTORY

Notify in Emergency Annie J Caldwell mother  
 Address 671 Ruston Street Elva al 36323 Phone \_\_\_\_\_  
 Health Insurance N/A N/A  
 Family Physician Dr. Lance Duen Elva al 36323  
 Past Hospitalizations (include surgeries) N/A

Head Injury with Loss of Consciousness: no Last Tetanus 2003 Immunization \_\_\_\_\_  
 Allergies NKDA  
 Current Medication(s): Ø

## MENTAL HEALTH EVALUATION

Hospitalization for Mental Health Reasons YES NO If Yes, Why \_\_\_\_\_  
 Where \_\_\_\_\_ When \_\_\_\_\_  
 Psychotropic Meds (Specify type and last dose) no  
 Prior Counseling/Out-Patient Treatment for: \_\_\_\_\_  
 Where \_\_\_\_\_ When \_\_\_\_\_  
 Have you ever attempted suicide: no How \_\_\_\_\_ When \_\_\_\_\_  
 Have you recently considered committing suicide? no  
 Do people consider you a violent person? no  
 Have you ever been arrested for a violent crime/sexual offense? (Specify) no  
 Street drugs no Smoker yes Ethn occ  
 Inmate's Signature Larry Caldwell Date \_\_\_\_\_  
 Interviewer's Signature Joan Haggard RN Date 12/18/05  
 Witness (if physical is refused) \_\_\_\_\_ Date \_\_\_\_\_

**MEDICAL HISTORY & PHYSICAL ASSESSMENT**

Problems	Yes	No	Problems	Yes	No	Problems	Yes	No
Vision	✓		Hypertension	✓		Gonorrhea		✓
Hearing		✓	Anemia		✓	Syphilis		✓
Balance/Dizziness		✓	Blood		✓	Muscle Problem	✓	
Blackouts		✓	Stomach Pain		✓	Joint Problem	✓	
DT's		✓	Heartburn		✓	Arthritis		✓
Headaches	✓		Ulcer		✓	Other		
Seizures		✓	Nausea/Vomiting		✓	Other		
Nervous Disorder		✓	Gall Bladder		✓	Regular Menstrual Period		
Throat		✓	Liver		✓	Irregular Menstrual Period		
Teeth		✓	Hepatitis		✓	# of days Menstrual Period		
Asthma		✓	Diabetes		✓	LMP		
Hay Fever		✓	Kidney Disease		✓	Gravida/Para		
Pneumonia		✓	Bladder Infection		✓	Last Pap		
Tuberculosis		✓	Trouble Voiding		✓	Contraception		
Heart		✓	Pediculi (lice)		✓	Other		

dental  
(6) Jan**EXAM:**Age 45 Sex W Race W Ht. 6-2 Wt. 181.5Pulse 72 BP 120/80 Temp. 97.4 Resp. 18

Area/Type	N	A/Comment	Area/Type	N	A/Comment
Skin: Color Condition Turgor Recent Inj.		tattoo - upper extremity abdominally & on chest scar - (6) Jan + back	Chest (Breasts): Configuration Auscultation Respirations Cough/Sputum		lungs clear to auscultation no cough
Head: Glasses Pupils Sclera Conjunctiva Vision		did wear glasses - Cataract (R) eye - poor vision (R) eye	Heart: Auscultation Radial pulses Apical pulse Rhythm		normal rhythm H/o hypertension - was on med at this time
Ears: Appearance Canals Hearing	✓		Extremities: Pulses Edema Joints		No edema - (4) pedal pulses Knee joints - stiff
Mouth: Teeth/Gums Dentures Plates Throat Tongue Tonsils		One cavity + missing molar no lesions	Abdomen: Shape Palpation Hernia Bowel Sounds	✓	no H/o hernia BS x 4 quadrants
Nose	✓		Spine	✓	
Neck: Veins Mobility Thyroid Carotids Lymph nodes	✓		Genital/Urinary System	✓	no H/o UTI's
					Headache forehead over (R) eye

**LABORATORY TESTS**

	Date & Initial	Results
Was PPD planted and read timely?	12/18/05 GH LFA	
VDRL / RPR	N/A	
Other Lab Tests needed:		
Pregnancy Test?	N/A	

**MENTAL HEALTH OBSERVATION**

	N	A/Comment
Orientation (person, place, time)		oriented x 3
General appearance (motor behavior, mannerisms) Affect (mood)	✓	no depression
Content of thought, history of suicide, present thoughts of suicide		No H/o suicide or thoughts

Physical Examiner's Signature: Joan Harner RNPhysician's Signature: [Signature]Date 12/18/05

TB Consent Form

## Tuberculosis Screening and Treatment

Results: 107lot # 45 256261  
2 FR**What is Tuberculosis:**

Tuberculosis ("TB") is a serious, infectious (transmitted through the air) disease that most commonly affects the lungs. In the lungs, the bacteria destroys elastic lung tissues and is replaced with fibrous connective tissues. The general symptoms of active TB are often subtle, unnoticeable and may include: Fatigue; Weight Loss; Fever; Chills; and Night Sweats. Symptoms of TB in the lungs may include: a persistent cough; chest pain; and coughing up blood. Although TB is preventable and can be cured with proper medication, 5% to 10% of those with active TB will die from the disease. This is usually due to patients not taking their medications correctly or improper drug treatment. TB is usually diagnosed through the use of the Mantoux tuberculin skin test. In this test, a dose of purified protein derived from the Tubercle bacilli, which is non-infectious, is injected into the upper layer of skin on the inside of the forearm. Forty-eight to 72 hours after the injection, the test site is examined. In most cases a hardened area of tissue 10 millimeters or larger is considered an indication of infection with TB, but it is not necessarily an indication of having active TB. Chest x-rays and sputum smears and cultures are used to test for active TB.

There are several high risk groups in the US that are known to have a high rate of TB. They include:

- The homeless;
- IV drug users
- Alcoholics;
- Prison inmates
- The elderly;
- Persons with HIV infections/AIDS

**Screening:**

Upon consent, all new inmates who are processed into jail, without written proof of receiving TB testing in the past year, will receive purified protein derivative (PPD) during the health screening. A nurse will read the PPD forty-eight (48) to seventy-two (72) hours afterwards and document the results in the patient's medical file. The patient will be instructed during the health screening to the necessity of follow-up medical care, the results (both positive or negative) and treatment which may be necessary.

**Treatment:**

During the screening, if a patient states he/she is past positive, we will not plant PPD, but will obtain a chest x-ray to see if the tuberculosis is active. When a nurse reads a positive PPD, a chest x-ray will be ordered as per physician protocol. The patient will receive information regarding the test results, symptoms of TB, proposed treatment, and follow-up care, etc.

Should the chest x-ray suggest active TB, the local Health Department, SHP Medical Team Administrator, and SHP corporate office should be notified immediately. Initiating therapy/treatment should begin under the recommendations of the local Health Department and in conjunction with the jail physician. The jail will immediately segregate the patient from general population. All people who have come in contact with the patient will have a skin test. The patient will have restricted movement and visitors in the jail, and will be required to wear a mask at all times during contact with staff and/or other persons, until subsequent tests prove no longer infectious.

All new inmates who are processed into the jail, who are on treatment and deemed not infectious will be housed in general population. If a patient is released from Jail during therapy, the local Health Department will be notified and provided with the patient's release location and/or the patient's last known address.

**Consent for Testing/Treatment:**

I hereby give my consent for TB testing and/or treatment, if needed. I have read and understand the above information regarding testing and treatment procedures.

Signature: Jay C. [Signature] Date: 12-18-03

Witness: Jean Harner R Date: 12/18/03

Confidential Medical Information

Covington County Sheriff	<b>MEDICAL SCREENING FORM</b>	Booking Number <b>200009322</b>
Printed: Mon Nov 28, 2005	<b>ARRY "CLOROX" CALDWELL (S421021411)</b>	Booking Date <b>NOVEMBER 27th, 2005</b>

ADMISSION OBSERVATIONS					
Is inmate conscious?	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Is inmate capable of responding?	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Can inmate walk on own?	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N
Any difficulty breathing?	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Is inmate hostile/aggressive?	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Any visible signs of trauma, bleeding, wounds or illness?	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N
Did arrest result in injury?	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Any fever, swollen lymph nodes, or jaundice?	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Is skin in good condition and free of vermin?	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N
Is inmate under obvious influence of alcohol?	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Is inmate under obvious influence of drugs?	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Any visible signs of alcohol or drug withdrawal symptoms?	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N
Does inmate suggest risk of suicide?	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Do you consider inmate an escape risk?	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N		
Observations					

INMATE QUESTIONNAIRE			
HAVE YOU EVER HAD/HAVE ANY OF THE FOLLOWING ILLNESSES OR CONDITIONS?			
Hepatitis	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Heart Disease	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N
Tuberculosis	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Hypertension	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N
Sexually Transmitted Disease	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Epilepsy/Convulsions	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N
Ulcers	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Hemophilia (bleeder)	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N
Kidney Trouble	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Aids/Exposed to Aids	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N
DT's	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Skin Problems	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N
Drug Addiction	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Alcoholism	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N
Recent Head Injury	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Coughed/Passed Blood	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N
Recent Treatment	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Use Needles	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N
Contagious Disease	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N	Pregnant/Recent Delivery	<input checked="" type="radio"/> Y <input checked="" type="radio"/> N
Doctors Name and Address			
Health Insurance			
Special Diet			
Prescriptions/Medications			
Drug Allergies			
Descriptions			
I have read the above carefully and have answered all questions correctly to the best of my knowledge.			
Inmate's Signature _____		Date: _____ Time: _____	
Officers's Signature _____		Date: _____ Time: _____	
<b>CJ010 JACKSON, DON</b>			



## MEDICATION ADMINISTRATION RECORD

REPORT DATE : 05/06

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	
TRIAMTERENE/HCTZ 75/50 TA MAXIDOL 1% EYE DROPS TAKE 1/2 TABLET ONCE DAILY		AM																													
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Pericardial Bid x 30 days		A																													
		P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	
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Robaxin 750mg Bid x 7 days		A	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	
		P	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	
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[illegible][illegible]

ALS	NURSE'S SIGNATURE	INITIALS	NURSE'S SIGNATURE	INITIALS	NURSE'S SIGNATURE
	<i>[Signature]</i>				
INSTRUCTIONS			INJECTION SITE CODES		
1. APPROPRIATE SITE WHEN AN INJECTION OR TREATMENT IS GIVEN: 2. INITIALS WHEN MEDICATION OR TREATMENT IS REFUSED 3. DATE AND TIME WHEN APPROPRIATE 4. REASON FOR REFUSAL (UNDER MEDICATION NOTES) 5. REASON AND RESULT FOR PAIN MEDICATION OR TREATMENT			1. RIGHT DORSAL (BLADES) 2. LEFT DORSAL (BLADES) 3. RIGHT VENTRAL (BLADES) 4. LEFT VENTRAL (BLADES) 5. RIGHT LATERAL THIGH 6. LEFT LATERAL THIGH 7. RIGHT ANTERIOR THIGH 8. LEFT ANTERIOR THIGH 9. RIGHT UPPER ARM 10. LEFT UPPER ARM 11. RIGHT ANTERIOR THIGH 12. LEFT ANTERIOR THIGH 13. UPPER BACK (L1-2) 14. UPPER BACK (L3-4) 15. UPPER CHEST (L5) 16. UPPER CHEST (L6) 17. TO RIGHT AND ABOVE LEVEL OF UMBILICUS 18. TO LEFT AND ABOVE LEVEL OF UMBILICUS 19. TO RIGHT AND BELOW LEVEL OF UMBILICUS 20. TO LEFT AND BELOW LEVEL OF UMBILICUS		

## MEDICATIONS

MAXZIDE 75/50 TABLET  
TAKE 1/2 TABLET ONCE  
DAILY

Percogesic T, Bid  
X 30 days

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
02/01/07																																
AM																																
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PAGE 1 OF 1

Medical Record No.

agnostic

Medicare Number

Approved By Doctor:

By

**Title:**

Date:

RESIDENT

CALDWELL, LARRY

CCC

156x

1968

Q31. En

## Assessment

10/22/1960

M

丁

0006 CALDLARR

Date 00/00/00



[illegible][illegible][illegible]

INSTRUCTIONS

[illegible]

1 KODOL DOKUMEN 000000  
2 (K) TIDAKSAL GILITTE-  
3 HIMPUNAN VENTRAL GILITTE-  
4 (K) VENTRAL GILITTE

[illegible]

### INJECTION SITE CODES

1.  $\text{FeSO}_4 \cdot 7\text{H}_2\text{O}$  (aq) +  $\text{H}_2\text{O}_2$  (aq) +  $\text{H}^+$  (aq)  $\rightarrow$   $\text{Fe}^{3+}$  (aq) +  $\text{H}_2\text{O}$  (l) +  $\text{O}_2$  (g)  
2.  $\text{Fe}^{3+}$  (aq) +  $\text{H}_2\text{O}$  (l)  $\rightarrow$   $\text{Fe}(\text{OH})_3$  (s) +  $\text{H}^+$  (aq)  
3.  $\text{Fe}(\text{OH})_3$  (s) +  $\text{H}^+$  (aq)  $\rightarrow$   $\text{Fe}^{3+}$  (aq) +  $\text{H}_2\text{O}$  (l)  
4.  $\text{Fe}^{3+}$  (aq) +  $\text{H}_2\text{O}$  (l)  $\rightarrow$   $\text{Fe}(\text{OH})_3$  (s) +  $\text{H}^+$  (aq)

3 UPPER BACK LEFT  
4 UPPER BACK RIGHT  
5 UPPER CHEST LEFT  
6 UPPER CHEST RIGHT

- 1. TO RIGHT AND ABOVE LEVEL OF UNBILIC
- 2. TO LEFT AND ABOVE LEVEL OF UNBILIC
- 3. TO RIGHT AND BELOW LEVEL OF UNBILIC
- 4. TO LEFT AND BELOW LEVEL OF UNBILIC

# MEDICATION ADMINISTRATION RECORD

CALDWELL, LARRY  
REPORT DATE : 03/06

MEDICATIONS		HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
<b>TRIAMTERENE/HCTZ 75/50 TA</b> <b>MAXZIDE 75/50 TABLET</b> <b>TAKE 1/2 TABLET ONCE</b> <b>DAILY</b>	02/01/07	AM	[Handwritten: 1/2 tablet daily]																														
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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<b>Percozic 75/50</b> <b>130 days</b>		AM	[Handwritten: 1/2 tablet daily]																														
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
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HARTING FOR 03/01/06		THROUGH 03/31/06		PAGE 1 OF 1	
Physician MCWHORTER		Telephone No.		Medical Record No.	
If Physician MCWHORTER		Alt. Telephone			
Allergies NKA		Rehabilitative Potential			
Diagnosis					
Medicaid Number		Medicare Number 421021411		Approved By Doctor:	
		By:		Title:	
RESIDENT CALDWELL, LARRY		D.O.B. 10/22/1960		Sex M	Room # J
				Patient Code CALDIARR	Admission Date 00/00/00

[illegible][illegible]

INITIALS	NURSE'S SIGNATURE	INITIALS	NURSE'S SIGNATURE	INITIALS	NURSE'S SIGNATURE
MC	MC				
W	W				

INSTRUCTIONS:

**INSTRUCTIONS:**

THE EFFECT OF THE BENZYL CARBONATE TREATMENT ON TREATMENT IS GIVEN  
IN TABLE 1. THE BENZYL CARBONATE TREATMENT IS REFUSED  
INDICATE THAT THE BENZYL CARBONATE TREATMENT IS REFUSED  
AT THE BENZYL CARBONATE TREATMENT. THE BENZYL CARBONATE TREATMENT  
IS REFUSED AT THE BENZYL CARBONATE TREATMENT.

- 1. RIGHT PECTORAL GLUTEUS
- 2. LEFT PECTORAL GLUTEUS
- 3. RIGHT VENTRAL GLUTEUS
- 4. LEFT VENTRAL GLUTEUS

4 RIGHT LATERAL THIGH  
5 LEFT LATERAL THIGH  
7 RIGHT PELVIS  
8 LEFT PELVIS

### INJECTION SITE COPIES

2 FRONT SUPPORT ARM  
13 LEFT SUPPORT ARM  
11 RIGHT ANGLE IRON BRACKET  
27 LEFT ANTERIOR TUBES

13 UPPER BALCONY LEFT  
14 UPPER BALCONY RIGHT  
15 LOWER LOBBY ST LEFT  
16 LOWER LOBBY ST RIGHT

17 TO RIGHT AND ABOVE LEFT OF VERTICAL  
18 TO LEFT AND ABOVE RIGHT OF VERTICAL  
19 TO RIGHT AND BELOW LEFT OF VERTICAL  
20 TO LEFT AND BELOW RIGHT OF VERTICAL

HARTING FOR 2/1/06		THROUGH 2/28/06	
Physician		Telephone No.	
Physician		Alt Telephone	
Allergies		Rehabilitative Potential	
Diagnosis			
Medicaid Number	Medicare Number SS#	Approved By Doctor:	
	42102/411	By:	
RESIDENT	Caldwell, Larry	DOB	Sex
		10/22/60	M
		Room	Title:
		A	
		Patient Code	Admission Date

TEMPERATURE		9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
PULSE																							
RESPIRATION																							
BLOOD PRESSURE																							
WEIGHT																							
DAY SHIFT color ink.																							
DATE		TIME		EVENING SHIFT color ink.																			

[illegible][illegible]



CHARTING FOR		THROUGH	Telephone No.	Medical Record No.
Physician			All Telephone	
Att Physician			Rehabilitative Potential	
Allergies				

Diagnosis									
Medical Number		Medicare Number		Approved By Doctor:					
				By:					
RESIDENT		D.O.B.		Sex		Room		Title	
Caldwell, Larry		10/22/60		M		1A		Patient Code	
								Admission Date	

[illegible][illegible][illegible]

## MEDICATION ADMINISTRATION RECORD

## MEDICATIONS

CTM 4mg po Bid  
X 7 days

HOUR	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
A																															
P																															

Tyl gr. I BID  
X 30 days

A																															
P																															








1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31

CHARTING FOR 12/1/05 THROUGH 12/31/05  
 Physician McIntosh Telephone No. \_\_\_\_\_ Medical Record No. \_\_\_\_\_  
 Alt. Physician \_\_\_\_\_ Alt. Telephone \_\_\_\_\_  
 Allergies \_\_\_\_\_ Rehabilitative Potential \_\_\_\_\_

Diagnosis \_\_\_\_\_  
 Medicaid Number \_\_\_\_\_ Medicare Number \_\_\_\_\_ Approved By Doctor: \_\_\_\_\_  
 By: Caldwell, Larry D.O.B. 10/22/60 Sex M Room A Title \_\_\_\_\_ Date \_\_\_\_\_  
 Patient Code \_\_\_\_\_ Discharge Date \_\_\_\_\_



[illegible][illegible][illegible]